MERCY RESIDENTIAL & REHABILITATION CENTER

2727 WEST MITCHELL STREET

MILWAUKEE 53215 Phone: (414) 383-3699 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 60 Yes Number of Residents on 12/31/02: Average Daily Census: 59

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	90	Less Than 1 Year	60.3 29.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	15.5	More Than 4 Years	10.3
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	13.8		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	46.6		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	24.1	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.7	95 & Over	0.0	Full-Time Equivalen	t
Congregate Meals	No	Cancer	12.1			Nursing Staff per 100 Re	sidents
Home Delivered Meals	No	Fractures	24.1		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	5.2	65 & Over	84.5		
Transportation	No	Cerebrovascular	17.2			RNs	11.2
Referral Service	No	Diabetes	0.0	Sex	8	LPNs	12.5
Other Services	No	Respiratory	8.6			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	31.0	Male	34.5	Aides, & Orderlies	33.5
Mentally Ill	No	1		Female	65.5		
Provide Day Programming for		1	100.0				
Developmentally Disabled	No	1			100.0		

Method of Reimbursement

		edicare			edicaid			Other			Private Pay]	Family Care			Managed Care	! 		
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	00	Per Diem (\$)	No.	00	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	19	100.0	281	20	90.9	107	5	100.0	131	6	100.0	161	0	0.0	0	1	100.0	203	51	87.9
Intermediate				2	9.1	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	5	100.0	90	0	0.0	0	5	8.6
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	19	100.0		22	100.0		5	100.0		6	100.0		5	100.0		1	100.0		58	100.0

MERCY RESIDENTIAL & REHABILITATION CENTER

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Admissions, Discharges, and	1	Percent Distribution	of Residents'	Conditi	ons, Services	, and Activities as of 12/	31/02
Deaths During Reporting Period	1						
				9	Needing		Total
Percent Admissions from:	1	Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	2.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	12.1		63.8	24.1	58
Other Nursing Homes	6.3	Dressing	13.8		62.1	24.1	58
Acute Care Hospitals	91.5	Transferring	10.3		62.1	27.6	58
Psych. HospMR/DD Facilities	0.0	Toilet Use	10.3		55.2	34.5	58
Rehabilitation Hospitals	0.0	Eating	37.9		44.8	17.2	58
Other Locations	0.0	* * * * * * * * * * * * * * * * * * * *	*****	******	******	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	142	Continence		용	Special Trea	tments	%
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	15.5	Receiving :	Respiratory Care	3.4
Private Home/No Home Health	43.3	Occ/Freq. Incontinen	it of Bladder	39.7	Receiving '	Tracheostomy Care	1.7
Private Home/With Home Health	3.5	Occ/Freq. Incontinen	it of Bowel	25.9	Receiving	Suctioning	0.0
Other Nursing Homes	5.0				Receiving	Ostomy Care	12.1
Acute Care Hospitals	9.2	Mobility			Receiving '	Tube Feeding	10.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed .	3.4	Receiving 1	Mechanically Altered Diets	27.6
Rehabilitation Hospitals	0.0						
Other Locations	9.2	Skin Care			Other Reside:	nt Characteristics	
Deaths	29.8	With Pressure Sores		13.8	Have Advan	ce Directives	94.8
Total Number of Discharges		With Rashes		3.4	Medications		
(Including Deaths)	141				Receiving	Psychoactive Drugs	79.3

		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	1 1			-99	Ski	lled	Ali	l		
	Facility	-			Group	Peer Group			lities		
	8	%	Ratio	olo	Ratio	9	Ratio	90	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	98.3	81.9	1.20	86.7	1.13	84.2	1.17	85.1	1.16		
Current Residents from In-County	98.3	83.1	1.18	90.3	1.09	85.3	1.15	76.6	1.28		
Admissions from In-County, Still Residing	23.9	18.8	1.27	20.3	1.18	21.0	1.14	20.3	1.18		
Admissions/Average Daily Census	240.7	182.0	1.32	186.6	1.29	153.9	1.56	133.4	1.80		
Discharges/Average Daily Census	239.0	180.8	1.32	185.6	1.29	156.0	1.53	135.3	1.77		
Discharges To Private Residence/Average Daily Census	111.9	69.3	1.62	73.5	1.52	56.3	1.99	56.6	1.98		
Residents Receiving Skilled Care	87.9	93.0	0.95	94.8	0.93	91.6	0.96	86.3	1.02		
Residents Aged 65 and Older	84.5	87.1	0.97	89.2	0.95	91.5	0.92	87.7	0.96		
Title 19 (Medicaid) Funded Residents	37.9	66.2	0.57	50.4	0.75	60.8	0.62	67.5	0.56		
Private Pay Funded Residents	10.3	13.9	0.75	30.4	0.34	23.4	0.44	21.0	0.49		
Developmentally Disabled Residents	0.0	1.0	0.00	0.8	0.00	0.8	0.00	7.1	0.00		
Mentally Ill Residents	0.0	30.2	0.00	27.0	0.00	32.8	0.00	33.3	0.00		
General Medical Service Residents	31.0	23.4	1.32	27.0	1.15	23.3	1.33	20.5	1.51		
Impaired ADL (Mean)	54.5	51.7	1.05	48.9	1.11	51.0	1.07	49.3	1.11		
Psychological Problems	79.3	52.9	1.50	55.5	1.43	53.9	1.47	54.0	1.47		
Nursing Care Required (Mean)	9.1	7.2	1.26	6.8	1.34	7.2	1.26	7.2	1.26		